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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000103406*

1. Corporation Name

Honey B's Florist & Gifts Inc.

900037946839
06/15/04--01004--004 **308.75

2. Principal Office Address

5711-12 BOWDEN RD

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32216

Country

USA

3. Mailing Office Address

5711 BOWDEN RD

Suite, Apt. #, etc.

#12

City & State

Jacksonville FL

Zip

32216

Country

USA

REINSTATEMENT

03-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

SEPT 25, 2002

5. FEI Number

52-2378572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TANGELA M PARKER

Street Address (P.O. Box Number is Not Acceptable)

13318 EGRETS MARSH DR

Suite, Apt. #, Etc.

City

Jacksonville

FL

State

FL

Zip Code

32224

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tangela M. Parker
REGISTERED AGENT MUST SIGN

Date

6-10-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P/S</i>	<i>TANGELA M PARKER</i>	<i>13318 EGRETS MARSH DR</i>	<i>Jacksonville FL 32224</i>
<i>V/T</i>	<i>William H Parker Jr</i>	<i>13318 EGRETS MARSH DR</i>	<i>Jacksonville FL 32224</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Tangela M. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Tangela M. Parker 6/10/04

Daytime Phone #

(904) 636-0439

(904) 636-0439

CR2001 (01/04)

2082

HONEY B'S FLORIST & GIFTS INC.

June 10, 2004

FLORIDA DEPARTMENT OF STATE
Division of State

Dear Sir or Madam:

We did not receive an annual report form for 2003 or 2004. Enclosed is are fee of \$300 and a corporate reinstatement form.

Sincerely,



William H Parker Jr.
Vice President/Treasurer